

Understanding Your Benefits

Deductibles

You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:

- \$0 per individual plan;\$0 per family plan in network
- \$0 per individual plan;\$0 per family plan out of network

Out-of-pocket Limits

The following is the maximum you would pay out of pocket for Essential Health Benefits each year (including medical and pharmacy copayments, deductibles and coinsurance).

- \$6,350 per individual plan;\$12,700 per family plan in network
- \$19,050 per individual plan;\$38,100 per family plan out of network

■ Please note:

The deductible and out-ofpocket limits are separate for in-network and out-ofnetwork services.

* Out-of-network, non-participating providers are not covered except for emergency services..

What's Covered	What You Pay		
Service	Tier 1	Tier 2	Out-of-Network Participating Providers*
Preventive Care Adult preventive care Child preventive care	\$0 per visit	\$0 per visit	\$45 per visit
Immunizations	\$0 per visit	\$0 per visit	20% per visit
■ Preventive lab	\$0 per visit	\$0 per visit	\$60 per visit
Preventive lab, X-ray, and imaging	\$0 per visit	\$0 per visit	\$225 per visit
Primary Care Office Visits Adult primary care Adult gynecological exam Pediatric primary care	\$15 per visit	\$45 per visit	\$45 per visit
Specialist Office Visits Specialty care Chiropractic (limit 20 visits per year) Routine eye exam (limit 1 visit per year)	\$40 per visit	\$120 per visit	\$120 per visit
Diabetics ■ Foot Exam (limit 1 visit per year) ■ Eye Exam (limit 1 visit per year)	\$0 per visit	\$120 per visit	\$120 per visit
Outpatient Services Diagnostic lab	\$20 per visit	\$60 per visit	\$60 per visit
Diagnostic x-ray and imaging	\$75 per visit	\$225 per visit	\$225 per visit
 High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies 	\$250 per visit	\$750 per visit	\$750 per visit
Medical/surgical care	\$650 per visit	\$1,950 per visit	\$1,950 per visit
Inpatient ServicesHospitalizationMaternity	\$800 per admission	\$2,400 per admission	\$2,400 per admission
Rehabilitation (limit 45 days per year)	\$400 per admission	\$1,200 per admission	\$1,200 per admission

Beyond Benefits

Sign in to your member page on **BCBSRI.com**, and you will have useful plan and wellness information at your fingertips.

Access Your Benefits:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible and/or out of pocket maximum.
- Check out our cost and quality tools.
- Find the member handbook to learn what to expect from BCBSRI.

Health Topics and Discounts:

- Read about thousands of health topics in the Health Center.
- Learn how you can get discounts on gym member-ships, as well as free one-week trial memberships.
- Access our Blue365sm wellness information and discount program.

Need help?

Call Customer Service at the number located on the back of your BCBSRI ID card.

VantageBlue Select Network providers are easy to find. Go to **Find a Doctor** on **BCBSRI.com**.

What's Covered	What You Pay			
Service	Tier 1	Tier 2	Out-of-Network Participating Providers*	
Chemical dependencyMental health	\$800 per admission	\$800 per admission	\$2,400 per admission	
Hospital Emergency Services	\$400 per visit	\$400 per visit	\$400 per visit	
Urgent Care Center	\$30 per visit	\$30 per visit	\$30 per visit	
Ambulance ■ Ground	\$50 per occurrence	\$50 per occurrence	\$50 per occurrence	
■ Air/Water	\$300 per occurrence	\$300 per occurrence	\$300 per occurrence	
Durable Medical Equipment	20% per service/device	20% per service/device	20% per service/device	
Physical/Occupational Therapy Physical therapy Occupational therapy Speech therapy	\$40 per visit	\$120 per visit	\$120 per visit	
Prescription Drugs	\$3/\$12/\$35/\$80/\$100 \$2 for Asthma, Diabetes, and COPD			
Pediatric Vision (for dependents under age 19) Collection prescription glasses Standard lenses and lens options Collection contact lenses	\$0 per service	\$0 per service	\$0 per service	

If you choose the VantageBlue Select plan, you must select a Primary Care Physician (PCP) and other healthcare providers (including hospitals, specialists, labs, and durable medical equipment suppliers) from the VantageBlue Select network in order to get the lowest out-of-pocket healthcare costs (e.g., copayments and coinsurance). Providers in the VantageBlue Select network can be found at www.BCBSRI.com/VBSelectProviders or in the Find A Doctor tool on **BCBSRI.com**. If you do not seek services from a VantageBlue Select network provider or receive a network referral you will be responsible for the applicable higher out-of-network cost sharing.



www.bcbsri.com

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